

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTC-875)						SERIAL NO. <b>09/936881</b>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1					51				
2		1				52				
3		1				53				
4		1				54				
5		1				55				
6		1				56				
7		1				57				
8		1				58				
9		1				59				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL ID.	3					TOTAL IND.				
TOTAL EP.	17					TOTAL DEP.				
TOTAL CLAIMS	19					TOTAL CLAIMS				

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